

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires:

Estimated average burden hours per response. 16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	06042129
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bone Dry Roofing-East, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 5420 W. 96th Street, Zionsville, Indiana 46077	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Roofing contractor	
Type of Business Organization	PROCESSED
••	PROCESSED AUG 1 1 2006
Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 0 6 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	nated THOMSON
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report hereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal examption unless filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

1 of 9

. Enter the information re	quested for the fol	llowing:	A. BASIC IDI	ENTH	TCATION DATA				
• Each promoter of t	he issuer, if the is	suer has b	een organized w	rithin t	he past five years;				
Each beneficial own	ner having the pow	er to vote	or dispose, or di	rect th	e vote or disposition (o f , 109	% or more o	f a clas	s of equity securities of the is
• Each executive off	icer and director o	f corporat	e issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
Each general and n	nanaging partner o	f partners	hip issuers.						
heck Box(es) that Apply:	Promoter	☑ Be	neficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
oll Name (Last name first, i udd, Eugene	f individual)								
usiness or Residence Addre 420 W. 96th Street, Zio	•	-	ty, State, Zip Co	ode)					
neck Box(es) that Apply:	Promoter	Ве	neficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
ıll Name (Last name first, i udd, Randall	f individual)								
asiness or Residence Addre 20 W. 96th Street, Zion			ty, State, Zip Co	ode)					
heck Box(es) that Apply:	Promoter	□ Ве	neficial Owner		Executive Officer		Director		General and/or Managing Partner
ıll Name (Last name first, i	f individual)			-					
usiness or Residence Addre	ss (Number and	Street, C	ty, State, Zip Co	ode)				•	
heck Box(es) that Apply:	Promoter	□ Ве	neficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, i	f individual)								
usiness or Residence Addre	ss (Number and	Street, C	ity, State, Zip C	ode)					
heck Box(es) that Apply:	Promoter	Ве	neficial Owner		Executive Officer		Director		General and/or Managing Partner
all Name (Last name first, i	f individual)								
usiness or Residence Addre	ss (Number and	Street, C	ity, State, Zip C	ode)					
heck Box(es) that Apply:	Promoter	Ве	neficial Owner	0	Executive Officer		Director		General and/or Managing Partner
ıll Name (Last name first, i	f individual)								
usiness or Residence Addre	ess (Number and	Street, C	ity, State, Zip C	ode)					
heck Box(es) that Apply:	Promoter	□ Ве	neficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Street, C	ity, State, Zip C	ode)					
	(Use bla	nk sheet,	or copy and use	addit	ional copies of this s	heet, a	as necessary	y)	

					В. Т	NFORMAT	ION ABOU	1 OBFERI	NG				
1.	Has the	issuer sold	, or does th	e issuer in	itend to sel	ll, to non-a	ccredited in	nvestors in	this offeri	ng?		Yes ⊠	No
						Appendix,				-		24:	Exa.F
2.	What is	the minim	um investm					_				\$ 22,	00.00
												Yes	No
			ermit joint										*
	commiss If a perso or states	sion or simi on to be list , list the na	ion request ilar remuner ted is an ass me of the br you may se	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	ers in conne er or deale e (5) person	ection with r registered as to be list	sales of sec l with the S ed are asso	urities in tl EC and/or	he offering. with a state		
Full	Name (I	ast name i	first, if indi	vidual)	NO	NE							
Busi	ness or I	Residence	Address (N	umber and			ip Code)						
									4				
Nam	e of Ass	ociated Br	oker or Dea	aler								_	
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check '	"All States	" or check	individual	States)		•••••					☐ All	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	$\overline{\mathrm{MD}}$	MA	MÏ	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (I	Last name	first, if indi	vidual)									
Busi	ness or	Residence	Address (N	Jumber an	d Street, C	ity, State, 2	Zip Code)						
N	o o f A	anistad Da	oker or Dea	-1									
Nam	16 01 ASS	ociated Di	okei oi Dea	1101									
			Listed Has										
	(Check	"All States	" or check	individual	States)	•••••	•••••		••••••	•••••		☐ Al	l States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
					<u> </u>		V I	(VA)	(WA)	<u> </u>			
Full	Name (I	_ast name :	first, if indi	vidual)									
Busi	ness or	Residence	Address (N	Jumber an	d Street, C	ity, State, 2	Zip Code)		· · · · · · · · · · · · · · · · · · ·				
Nam	e of Ass	ociated Br	oker or Dea	aler				·	·				
-	1177		T ' . 1 TT	0.1: :- 1									
			Listed Has " or check										l States
												_	
	IL	[AK]	[AZ]	AR	CA V	CO	CT	DE	DC	FL	GA	HI	ID MO
	MT	IN NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	ÜT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	§ 0.00
	Equity		ς 156,000.00
	✓ Common ☐ Preferred	·	_
	Convertible Securities (including warrants)	:	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		\$
•			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors	7	
	Total (for filings under Rule 504 only)	7	\$_156,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A	*	\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$250.00
	Legal Fees		14,000.00
	Accounting Fees		\$0.00
	Engineering Fees		3 \$ 0.00
	Sales Commissions (specify finders' fees separately)	Г	\$ 0.00
	Other Expenses (identify)	_	3 \$ 0.00
	Total		\$ 14,250.00
		_	

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the	"adjusted gross	\$141,750.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish a f the payments listed must equal the	n estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate		\$	_ 🗆 \$
	Purchase, rental or leasing and installation of ma and equipment	chinery	\$	\$
	Construction or leasing of plant buildings and fac-	cilities	\$	_ 🗆 \$
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	\$	\$
	Repayment of indebtedness		\$	_ 🗆 \$
	Working capital			
	Other (specify): Redemption of ownership inter	rests	☑ \$ 116,000.00	<u> </u>
				\$
	Column Totals		\$ <u>116,000.00</u>	25,750.00
	Total Payments Listed (column totals added)		s_1	41,750.00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exc	change Commission, upon writt	
lss	er (Print or Type)	Signature / /	Date	
В	ne Dry Roofing-East, Inc.	Signature	7-10	5-06
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
Fue	ene Judd	President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature 0	Date
Bone Dry Roofing-East, Inc.	Ten-Just	1-10-06
Name (Print or Type)	Title (Print of Type)	
Eugene Judd	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX						
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ						·					
AR											
CA											
СО											
CT											
DE											
DC											
FL											
GA											
Ш											
ID											
IL											
IN	×		Common Stock \$156,000.00			7	\$156,000.00		×		
IA											
KS											
KY											
LA								***************************************			
ME											
MD											
MA											
MI											
MN											
MS											

2 3 4 1 5 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors No State Amount Amount Yes MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VT VA WA wv WI

APPENDIX

1		2	3		5 Disqualification					
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	unde (if Type of investor and exp amount purchased in State wa (Part C-Item 2) (Pa			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PR										

781520.1